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## APPLICANTS

Tomoaki Hoshino, Chikushino-shi, JAPAN;

Yusuke Kawase, Ashiya-shi, JAPAN;  
 Keiko Nomiyama, Kitakyusyu-shi, JAPAN; Koichi Yokota, Osaka, JAPAN;  
 Kohichiro Yoshino, Osaka, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\*

None ✓ off

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature: <i>[Signature]</i> Initials: <i>YK</i>				

## ADDRESS

38834  
 WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP  
 1250 CONNECTICUT AVENUE, NW  
 SUITE 700  
 WASHINGTON, DC  
 20036

## TITLE

Preventive or therapeutic agents for dermatitis or alopecia, evaluation method of the agents, and transgenic mouse

☐ All Fees☐ 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> <b>558</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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